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MAR 25 2009**CALIFORNIA FORM 700**
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

*A Public Document*GOVERNOR'S OFFICE
LEGAL AFFAIRS

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Fisher	Susan	Lynn	
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE
			OPTIONAL: FAX / E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Office of the Governor

Division, Board, District, if applicable:

Your Position:

Victim Advocate

► If filing for multiple positions, list additional agency(ies)/
position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)☒ State☐ County of _____☐ City of _____☐ Multi-County _____☐ Other _____**3. Type of Statement (Check at least one box)**☐ Assuming Office/Initial Date: ____/____/____☒ Annual: The period covered is January 1, 2008,
through December 31, 2008.

-or-

☐ The period covered is ____/____/____, through
December 31, 2008.☐ Leaving Office Date Left: ____/____/____
(Check one)☐ The period covered is January 1, 2008, through the
date of leaving office.

-or-

☐ The period covered is ____/____/____, through
the date of leaving office.☐ Candidate Election Year: _____**4. Schedule Summary**► Total number of pages
including this cover page: 4► Check applicable schedules or "No reportable
interests."I have disclosed interests on one or more of the
attached schedules:Schedule A-1 ☐ Yes – schedule attached
*Investments (Less than 10% Ownership)*Schedule A-2 ☒ Yes – schedule attached
*Investments (10% or greater Ownership)*Schedule B ☐ Yes – schedule attached
*Real Property*Schedule C ☐ Yes – schedule attached
*Income, Loans, & Business Positions (Income Other than Gifts
and Travel Payments)*Schedule D ☒ Yes – schedule attached
*Income – Gifts*Schedule E ☒ Yes – schedule attached
Income – Gifts – Travel Payments

-or-

☐ No reportable interests on any schedule**5. Verification**I have used all reasonable diligence in preparing this
statement. I have reviewed this statement and to the best
of my knowledge the information contained herein and in any
attached schedules is true and complete.I certify under penalty of perjury under the laws of the State
of California that the foregoing is true and correct.Date Signed 3/25/09

Signature

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Susan L. Fisher

▶ 1. BUSINESS ENTITY OR TRUST

Retail Business 101

Name
PO Box 4623, Oceanside, CA 92052-4623

Address

Check one
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY consult, retail stores and golf shops	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/08 ____/____/08 ACQUIRED DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> joint ownership Other _____	
YOUR BUSINESS POSITION joint owner	

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499	<input checked="" type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

N/A

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/08 ____/____/08 ACQUIRED DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____ <input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

Comments: _____

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address

Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/08 ____/____/08 ACQUIRED DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____	
YOUR BUSINESS POSITION _____	

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

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Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
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FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/08 ____/____/08 ACQUIRED DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____ <input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Susan L. Fisher
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NAME OF SOURCE Governor Arnold Schwarzenegger ADDRESS CA State Capitol, Sacramento, CA 95814 BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 30 / 08	\$ 81.18	jacket
/ /	\$	
/ /	\$	

NAME OF SOURCE ADDRESS BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

NAME OF SOURCE ADDRESS BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

NAME OF SOURCE ADDRESS BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

NAME OF SOURCE ADDRESS BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

NAME OF SOURCE ADDRESS BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Susan L. Fisher

- Reminder – you must mark the gift or income box.
- You are not required to report "income" from government agencies.

<p>▶ NAME OF SOURCE CA State Protocol Foundation</p> <p>ADDRESS 1215 K Street, Suite 1400</p> <p>CITY AND STATE Sacramento, CA 95814</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE Border Governors Conference</p> <p>DATE(S): 8 / 13 / 08 - 8 / 14 / 08 AMT: \$ 446.01 <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: transportation, hotel</p>	<p>▶ NAME OF SOURCE</p> <p>ADDRESS</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION:</p>
<p>▶ NAME OF SOURCE</p> <p>ADDRESS</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION:</p>	<p>▶ NAME OF SOURCE</p> <p>ADDRESS</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION:</p>

Comments: _____